

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1992

Application or Docket Number

253973

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	72 minus 20 =	* 52
INDEPENDENT CLAIMS	3 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	FEE		RATE	FEE
	\$355.00	OR		\$710.00
x\$11=	572	OR	x\$22=	1144
x 37=		OR	x 74=	
+115=	115	OR	+230=	230
TOTAL	1042	OR	TOTAL	2084

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
x\$11=		OR	x\$22=	
x 37=		OR	x 74=	
+ 115=		OR	+230=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
x\$11=		OR	x\$22=	
x 37=		OR	x 74=	
+ 115=		OR	+ 230=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
x\$11=		OR	x\$22=	
x 37=		OR	x 74=	
+115=		OR	+230=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.



UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>08/17/94</u>		2 Serial/Patent # <u>08/253973</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/> Filing			7/19/94							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input checked="" type="checkbox"/> Other		#4	7/19/94							
		7 TOTAL AMOUNT OF REFUND \$ <u>932.00</u>								
10 REASON:		8 TO BE REFUNDED BY:								
<input checked="" type="checkbox"/> Overpayment		Treasury Check								
<input type="checkbox"/> Duplicate Payment		Credit Deposit A/C #:								
<input type="checkbox"/> No Fee Due (Explanation):		9 <table border="1" style="display: inline-table; text-align: center;"> <tr> <td>0</td><td>1</td><td>--</td><td>0</td><td>8</td><td>5</td><td>0</td> </tr> </table>		0	1	--	0	8	5	0
0	1	--	0	8	5	0				
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Dorothy Delfino</u>		TITLE: <u>Exm</u>								
SIGNATURE: <u>Dorothy Delfino</u>		PHONE: <u>308-1202</u>								
OFFICE:										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Audrey Guyreau</u>		DATE: <u>8/24/94</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: